

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/562340

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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30			1			
31				1		
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48						
49						
50						
TOTAL IND.			↓		↓	↓
TOTAL DEP.	↔		↔		↔	
TOTAL CLAIMS	██████████	██████████	██████████	██████████	██████████	██████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.			↓		2	↓
TOTAL DEP.	↔		↔		31	↔
TOTAL CLAIMS	██████████	██████████	██████████	██████████	██████████	██████████